



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

STATE OF DELAWARE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT  
INSTRUCTION SHEET**

**General Information**

It is important to follow these instructions carefully. Examination and licensure may be delayed if you submit incomplete form or submit the forms and/or fees to the wrong addresses.

The application asks you to select whether you are applying by examination or reciprocity. Use this table to decide whether you must apply by examination or reciprocity.

IF you...	THEN apply by...
need to take the National Physical Therapy Examination (NPTE)	Examination.
hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	Reciprocity.
have already passed the NPTE but do <b>not</b> hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	Examination.
previously held a Delaware license of the same type you're now applying for <b>and</b> that license expired between one and five years ago	Reinstatement

**Requirements for All Applicants**

The requirements in this section apply to all applications **except** Special Project/Assignment Temporary license applications. If you will be practicing in Delaware solely in connection with a temporary special project, assignment or medical emergency, see the [Application for Special Project/Assignment Temporary License](#).

The address of the Board office referred to in these instructions is:

Examining Board of Physical Therapists and Athletic Trainers  
Cannon Building, Suite 203  
861 Silver Lake Blvd.  
Dover DE 19904

- ☐ Submit completed, signed and notarized [Application for Licensure as a Physical Therapist or Physical Therapist Assistant](#) to the Board office.
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
  - If you hold an *active* Delaware Physical Therapist Assistant license and are applying for upgrade to a Physical Therapist license, enclose the [upgrade fee](#) instead of the full processing fee.
- ☐ If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from each jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

## Additional Requirements If Applying to Take the Examination

If you need to take the national examination, you must register for and schedule the examination in addition to filing your application with the Board office. For general information about the examination, visit the website of the Federation of State Boards of Physical Therapy (FSBPT) at [www.fsbpt.org](http://www.fsbpt.org).

- ☐ If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
  - Your school must be accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE).
  - The transcript must show that you have received a degree in physical therapy.
  - The physical therapy degree cannot be a transitional Doctorate of Physical Therapy degree.
  - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- ☐ If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent *directly* from the credentialing agency to the Board office. This requirement applies **even if** you have received a **transitional** Doctorate of Physical Therapy from a U.S. school. One of the following Board-approved agencies must prepare the evaluation:
  - International Consultants of Delaware Inc. – [www.icdeval.com](http://www.icdeval.com)
  - International Educational Research Foundation Inc. – [www.ierf.org](http://www.ierf.org)
  - Foreign Credentialing Commission for Physical Therapists – <http://www.fccpt.org/>
- ☐ To register online, go to FSBPT's [Candidate and Licensee Services](#) website and follow the instructions there.
- ☐ If you require special accommodation to take the NPTE due to a disability, submit a *Request for Special Accommodation* form with your application. Follow the instructions on the form to submit a medical report verifying your need for the accommodation.
  - Failing to submit the request at the time you file your application may delay your examination date.

The Board determines whether you are eligible to take the examination based on your education and other guidelines in the [license law](#) and [Rules and Regulations](#).

- If you are **not** eligible to take the examination, the Board office will send you a notice explaining why not.
- If you are eligible to take the examination, the Board office will notify FSBPT. When FSBPT receives both the Board's approval and your registration and payment, FSBPT will then send you instructions on how to schedule the examination.

FSBPT will send the results of the examination to the Board office. If you passed, the Board office will issue your license. If you failed, instructions for re-taking the exam will be in the notice you receive.

## Additional Requirements for Temporary License by Examination

If you are applying to take the NPTE, you may also apply for a temporary license to work in Delaware while awaiting your exam scores.

- You cannot apply for a temporary license without also applying for the permanent license by examination. Before applying for a temporary license, you must have a job and a supervising Physical Therapist in Delaware.
- Delaware temporary licenses are valid only for work *in Delaware*.
- The Board office will issue your temporary license when it has received all required documentation other than passing exam scores.
- While under temporary licensure, you must practice under the direct supervision of a Delaware-licensed Physical Therapist. Section 1.2 of the Board's [Rules and Regulations](#) explains what direct supervision means.
- The temporary license is issued for three months. The Board must approve any extension of the temporary license.
- ***If you fail the examination, the temporary license will expire immediately.***

To apply for a temporary license by examination, the following requirements apply *in addition to* the items listed in the **Requirements for All Applicants** and **Additional Requirements If Applying to Take the Examination** sections above.

- ☐ Enclose [temporary license fee](#) by check or money order made payable to “State of Delaware.” This fee is in addition to the processing fee for the permanent license.
- ☐ Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer](#) completed and signed by your supervising Physical Therapist, sent *directly* to the Board office by supervisor.

### **Additional Requirements for Reciprocity Applicants**

In addition to the requirements in the **Requirements for All Applicants** section above, the following requirements apply to reciprocity applications:

- ☐ If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
  - Your school must be accredited by Commission on Accreditation of Physical Therapy Education (CAPTE)
  - The transcript must show that you have received a degree in physical therapy.
  - The physical therapy degree cannot be a transitional Doctorate of Physical Therapy degree.
  - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- ☐ If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent *directly* from the credentialing agency to the Board office. This requirement applies **even if** you have received a **transitional** Doctorate of Physical Therapy from a U.S. school. One of the following Board-approved agencies must prepare the evaluation:
  - International Consultants of Delaware Inc. – [www.icdeval.com](http://www.icdeval.com)
  - International Educational Research Foundation Inc. – [www.ierf.org](http://www.ierf.org)
  - Foreign Credentialing Commission for Physical Therapists – <http://www.fccpt.org/>
- ☐ Arrange for the Board office to receive your scores on the national examination, sent *directly* from the Federation of State Boards of Physical Therapy (FSBPT) to the Board office.
  - To request a score report, see [Score Transfer Request Application](#).

### **Additional Requirement for Reinstatement Application**

You may apply to reinstate a license within five years of its expiration date (Section 11.2 of the Board's [Rules and Regulations](#)). If the license has been lapsed over five years, you must reapply for licensure.

In addition to the requirements in the **Requirements for All Applicants** section above, the following requirement applies to reinstatement applications:

- ☐ Provide proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.
  - CEUs are explained in Section 13.0 of the Board's [Rules and Regulations](#).



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT**

**TYPE OF APPLICATION**

1. Select type of license you are applying for:

- ☐ Physical Therapist – Show where you received your education (check one):
- ☐ I received my Physical Therapy education **in the U.S. or a U.S. territory**.
- ☐ I received my Physical Therapy education **outside the U.S. or a U.S. territory**.

Do you hold an **active** Delaware Physical Therapist Assistant license? Yes ☐ No ☐ If yes, enter your license number: **J2** - \_\_\_\_\_

☐ Physical Therapist Assistant

2. Check the item that describes your situation (check one):

- ☐ Examination – I am applying to take the national examination.
- ☐ Examination – I have passed the national examination but I do **not** hold a **current** license in any jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- ☐ Reciprocity – I hold a **current** license in another jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- ☐ Reinstatement – I previously held a Delaware license that lapsed less than five years ago. My Delaware license number was J\_\_\_\_ - \_\_\_\_\_. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.

3. Are you applying for a Temporary license while awaiting your exam scores? Yes ☐ No ☐ If yes, enter the following information about your Delaware-licensed supervising Physical Therapist:

Name: \_\_\_\_\_ Delaware License Number: **J1** - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer](#) completed and signed by your supervising Physical Therapist, sent directly to the Board office by supervisor.

**IDENTIFYING AND CONTACT INFORMATION**

4. Full Name: \_\_\_\_\_  
Last/Family First Middle

5. Other Names Used: \_\_\_\_\_  
(Include maiden, former married names and alternate spellings.)

6. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

7. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

8. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
9. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
                   daytime                   evening or cell

## EDUCATION

10. Enter the following information about **each** college/university where you earned a degree in physical therapy or physical therapy assisting:

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DATES ATTENDED		DEGREE OR CERTIFICATE
		From	To	

Submit the following documentation of your education **unless you are applying by reinstatement**.

- If you were educated in the U.S., arrange for the Board office to receive an official transcript sent **directly** from the college or university to the Board office.
- If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent **directly** from the credentialing agency to the Board office. The credential evaluation requirement applies **even if you have a *transitional* Doctorate of Physical Therapy** from a U.S. school. The approved credentialing agencies are listed on the Instruction Sheet.

## LICENSURE HISTORY

11. Have you ever held a license to practice physical therapy in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, List **each** jurisdiction where you have **ever** held, a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent **directly** to the Board office from **each** jurisdiction listed.

## DISCLOSURES

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a certified copy of a criminal history record from **each** jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).
13. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ If yes, submit a letter explaining fully. Include copies of all appropriate records.
14. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.
15. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

16. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes ☐ No ☐  
**If yes, enclose a statement explaining fully. Include any relevant documents.**

17. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs?  
Yes ☐ No ☐ **If yes, enclose a statement explaining fully. Include any relevant documents.**

#### DUTY TO REPORT

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a report with the Division of Professional Regulation if you have knowledge that another PT, PTA or AT licensee has violated the Board's Code of Professional Conduct in Section 12.0 of its [Rules and Regulations](#) or has violated any other Delaware law or rule pertaining to physical therapy or athletic training.

I certify that I have read and understand [Section 12.23](#) of the Board's Rules and Regulations and that I understand my *duty to report*. Yes ☐ No ☐

**If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**Please note: When your application is complete, please allow 4-8 weeks to receive your license.**

#### AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**





CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER**

**INSTRUCTIONS**

If an applicant for Physical Therapist, Physical Therapist Assistant or Athletic Trainer licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The Delaware-licensed physical therapist (PT) or athletic trainer (AT) who will supervise the applicant completes, signs and submits the form *directly* to the Board office. The form's purpose is to document that the applicant has a supervising PT/AT and that the supervisor understands his or her responsibility. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision.

**Direct supervision** in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

**Direct supervision** in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

**Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to [www.dpr.delaware.gov](http://www.dpr.delaware.gov) and click [Verify License Online](#).**

**APPLICANT INFORMATION**

1. Applicant Name on Application: \_\_\_\_\_  
Last/Family First Middle

2. Check type of license applied for: PT ☐ PTA ☐ AT ☐

**SUPERVISOR INFORMATION**

3. Supervisor's Name on License: \_\_\_\_\_  
Last/Family First Middle

4. Delaware License Number: J \_\_\_\_ - \_\_\_\_\_

5. Address Where Supervision Will Occur: \_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Street City **DE** Zip  
State

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

STATE OF DELAWARE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR SPECIAL ACCOMMODATION**

**INSTRUCTIONS**

**Complete and submit this form to request one or more special accommodations due to a disability. To support your request, you must also submit a *current* (no more than three years old) and *comprehensive* report from a qualified examiner appropriate for evaluating your disability. The report must include the all of the following:**

- **Name, title, credentials and area of specialization of the qualified examiner**
- **Specific diagnosis**
- **Specific findings in support of the diagnosis (include relevant test results)**
- **Recommendation for specific accommodations**
- **Rationale for requesting specific accommodations**

**IDENTIFYING AND CONTACT INFORMATION**

1. Full Name: \_\_\_\_\_  
Last/Family First Middle
2. Other Names Used: \_\_\_\_\_  
(Include maiden, former married names and alternate spellings.)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
4. Mailing Address: \_\_\_\_\_  
City State Zip
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
daytime evening or cell

**INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS**

6. What type of disability do you have? *State the specific diagnosis.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When was your disability first diagnosed? \_\_\_\_\_
8. How does your disability affect your daily life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. How does your disability affect your ability to take computerized examinations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What accommodations are you requesting? *Check all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Reader        |
| <input type="checkbox"/> Additional Time – Double Time     | <input type="checkbox"/> Scribe        |
| <input type="checkbox"/> Paper and Pencil Exam             | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> LARGE PRINT Paper and Pencil Exam | <input type="checkbox"/> Other: _____  |

11. Have you received accommodations for past examinations? Yes ☐ No ☐ If yes, explain what accommodations you received:

National Physical Therapy Exam: \_\_\_\_\_

PT/PTA School Exams: \_\_\_\_\_

Undergraduate College Exams: \_\_\_\_\_

Standardized Exams (e.g., SAT, GRE, etc.) \_\_\_\_\_

Other: \_\_\_\_\_

### CANDIDATE AFFIRMATION

I affirm that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_